



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                           |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MRB (QS1042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

**Work Order ID 135679****\*135679\***

Page 2

Monday, August 17, 2015 7:24:21 AM

Item ID: D2939-2

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Saddle RH In, 206

Start Date: 8/14/2015 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/14/2015 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC8- Inspect parts - second check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

4 0 JK 205-09-16

140

Chemical Conversion Coat per QSI005 4.1

0.00

**\*140\***

HandFinish

Memo

0.01

Hand Finishing

4 0 15-9-22 DGC

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Monday, August 17, 2015 7:24:21 AM

**Item ID:** D2939-2

**Accept**

**\*N900040100\***

Setup Start \*NS1\*

Revision ID:

**Item Name:** Saddle RH In, 206

Stop \*NS2\*

**Start Date:** 8/14/2015      **Start Qty:** 4.00

**\*4\***

**Cust Item ID:****Required Date:** 8/14/2015      **Req'd Qty:** 4.00

**\*4\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

### Operation Description

### Set Up/ Run Hours

| Tool ID | Tool # | Plan Code |
|---------|--------|-----------|
|---------|--------|-----------|

| Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|---------------|---------------|------------------|----------------|
|---------------|---------------|------------------|----------------|

145

### Spray Painting per QSI005 4.2

0.00

**\*145\***

## SprayPaint

## Memo

0.00

TEMPO PRIMER B 132910  
 DELFLEET BLUE B 132641  
 DELFLEET CLEAR B 129271

PRIME:

START TIME: 1000  
FINISH TIME: 1045

PAINT:

START TIME: 100  
FINISH TIME: 145

146

### QC14- Inspect Spray Paint

0.00

**\*146\***

QC

## Memo

0.00

## Quality Control

DAS  
38  
~~9-89~~  
SEP 24 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Completed By          |  |
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| <b>Root Cause</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="width: 33%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="width: 33%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="width: 33%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                       |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |  |

**Work Order ID 135679****\*135679\***

Page 4

Monday, August 17, 2015 7:24:21 AM

Item ID: D2939-2 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Saddle RH In, 206  
Start Date: 8/14/2015 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 8/14/2015 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 170                            | Identify as per dwg & Stock Location: <u>st 39</u> | 0.00                 |         |        |              | 4             | 5mb           |                  |                |
| <b>*170*</b>                   |                                                    |                      |         |        |              |               | 15/9/2015     |                  |                |
| Packaging                      | Memo                                               | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
| 180                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

MLJ SEP 24 2015

SH 20150924

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



# Picklist Print

Monday, August 17, 2015 7:24:24 AM

Page 1

Work Order ID: 135679

**\*135679\***

Parent Item: D2939-2

**\*D2939-2\***

Parent Item Name: Saddle RH In, 206

Start Date: 8/14/2015

Required Date: 8/14/2015

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B 00.06.26 New DWG rev (mpp 2069)EC  
IPP Rev:C As per Rev C 07-03-19 JLM

| Component Item ID/<br>Item Name                  | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued    | Status   |
|--------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|-------------------|----------|
| D6101-001<br><b>*D6101-001*</b><br>Saddle Billet |                        | Manufactured  | No          |                     |                  | 100             | Each               | 37.0000        | 1           | 4               |               | DAS<br>20<br>9-89 | 15-09-14 |
|                                                  |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                   |          |
|                                                  |                        |               |             |                     |                  | <u>Location</u> |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                   |          |
|                                                  |                        |               |             |                     |                  | MAT042          |                    | 37             |             |                 |               |                   |          |
|                                                  |                        |               |             |                     |                  | 129986          |                    | 2              |             |                 |               |                   |          |
|                                                  |                        |               |             |                     |                  | 132708          |                    | 35             |             |                 |               |                   |          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                 |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                 |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                       |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                 |  |

|                                                                    |  |  |  |                             |  |
|--------------------------------------------------------------------|--|--|--|-----------------------------|--|
| <b>DART AEROSPACE LTD</b>                                          |  |  |  | <b>Work Order:</b> 135679   |  |
| <b>Description:</b> 206 Saddle, Inboard, Right side                |  |  |  | <b>Part Number:</b> D2939-2 |  |
| <b>Inspection Dwg:</b> D2939 <b>Rev:</b> C <b>DSK:</b> <b>Rev:</b> |  |  |  | <b>Page 1 of 1</b>          |  |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ **First Article**
☐ **Prototype**

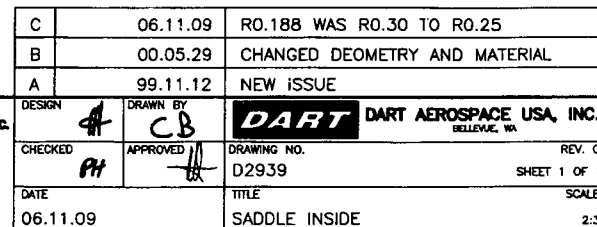
| Dim               | Min   | Max   | Go/No Go Gauge | Record Actual Dimensions |        |        |        |   |
|-------------------|-------|-------|----------------|--------------------------|--------|--------|--------|---|
|                   |       |       |                | 1                        | 2      | 3      | 4      | 5 |
| A                 | 0.100 | 0.140 |                | .117                     | .114   | .119   | .117   |   |
| B                 | 0.100 | 0.140 |                | .117                     | .119   | .115   | .117   |   |
| C                 | 0.100 | 0.140 |                | .125                     | .124   | .122   | .123   |   |
| D                 | 0.210 | 0.230 |                | .224                     | .223   | .225   | .225   |   |
| E                 | 1.245 | 1.255 |                | 1.250                    | 1.250  | 1.250  | 1.250  |   |
| F                 | 1.245 | 1.255 |                | 1.250                    | 1.250  | 1.250  | 1.250  |   |
| G                 | 2.495 | 2.505 |                | 2.500                    | 2.500  | 2.500  | 2.500  |   |
| H                 | 0.510 | 0.515 |                | .512                     | .512   | .512   | .512   |   |
| I                 | 1.572 | 1.582 |                | 1.577                    | 1.577  | 1.577  | 1.577  |   |
| J                 | 2.495 | 2.505 |                | 2.500                    | 2.500  | 2.500  | 2.500  |   |
| K                 | 0.257 | 0.262 |                | .258                     | .258   | .258   | .258   |   |
| L                 | 0.312 | 0.317 |                | .313                     | .313   | .313   | .313   |   |
| M                 | 0.235 | 0.240 |                | .235                     | .236   | .235   | .237   |   |
| N                 | 0.100 | 0.140 |                | .119                     | .118   | .121   | .121   |   |
| O                 | 0.540 | 0.560 |                | .5465                    | .548   | .548   | .548   |   |
| P                 | 0.490 | 0.510 |                | .495                     | .499   | .499   | .500   |   |
| Q                 | 3.715 | 3.725 |                | 3.720                    | 3.720  | 3.720  | 3.720  |   |
| R                 | 2.720 | 2.760 |                | 2.740                    | 2.740  | 2.740  | 2.740  |   |
| S                 | 0.240 | 0.270 |                | .249                     | .251   | .251   | .250   |   |
| T                 | 0.100 | 0.180 |                | .135                     | .135   | .135   | .135   |   |
| U                 | 1.625 | 1.635 |                | 1.630                    | 1.630  | 1.630  | 1.630  |   |
| V                 | 1.362 | 1.372 |                | 1.367                    | 1.367  | 1.367  | 1.367  |   |
| W                 | 0.316 | 0.321 |                | .316                     | .316   | .316   | .316   |   |
| X                 | 1.250 | 1.270 |                | 1.261                    | 1.2593 | 1.2615 | 1.261  |   |
| Y                 | 1.565 | 1.585 |                | 1.5757                   | 1.5735 | 1.5773 | 1.5762 |   |
| Z                 | 0.178 | 0.198 |                | .188                     | .188   | .188   | .188   |   |
| AA                |       |       |                |                          |        |        |        |   |
| AB                |       |       |                |                          |        |        |        |   |
| AC                |       |       |                |                          |        |        |        |   |
| AD                |       |       |                |                          |        |        |        |   |
| DAS Accept/Reject |       |       |                |                          |        |        |        |   |

|                                |                         |
|--------------------------------|-------------------------|
| <b>Measured by:</b> 20<br>9-89 | <b>Date:</b> 15-09-14   |
| <b>Audited by:</b> JFC         | <b>Date:</b> 2015-09-16 |
| <b>Prototype Approval:</b> N/A | <b>Date:</b> N/A        |

| Rev | Date     | Change                                                         | Revised by | Approved |
|-----|----------|----------------------------------------------------------------|------------|----------|
| A   |          | New Issue                                                      | RF         |          |
| B   | 02.12.12 | Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690 & DT8695 A/B | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                                 | KJ/JLM     |          |
| D   | 07.11.23 | DT8695 A/B removed                                             | KJ/EC/DD   |          |



13567A-MCJ  
15-08-17



1) MATERIAL: ALUMINUM 7075-T7351 (QQ-A-250/12)  
(MAKE FROM D6101-001 SADDLE BILLET, 7075)  
2) FINISH: CHEMICAL CONVERSION COAT PER PART QSI 005 4.1  
POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER PART QSI 005 4.3  
3) BREAK ALL SHARP EDGES 0.010 TO 0.020  
4) TOLERANCES ARE PER PART QSI 018 UNLESS OTHERWISE NOTED  
5) ALL DIMENSIONS ARE INCHES  
6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP

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PERSON WITHOUT WRITTEN PERMISSION FROM  
DART AEROSPACE USA, INC.

|          |           |               |                    |                                                                                                                                       |
|----------|-----------|---------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| DESIGN   | <i>A</i>  | DRAWN BY      | <i>CB</i>          |  <b>DART AEROSPACE USA, INC.</b><br>BELLEVUE, WA |
| CHECKED  | <i>PH</i> | APPROVED      | <i>[Signature]</i> |                                                                                                                                       |
| DATE     |           | DRAWING NO.   |                    | REV.                                                                                                                                  |
| 06.11.09 |           | D2939         |                    | SHEET 1 OF                                                                                                                            |
|          |           | TITLE         |                    | SCALE                                                                                                                                 |
|          |           | SADDLE INSIDE |                    | 2:1                                                                                                                                   |



|                                      |                                 |                              |
|--------------------------------------|---------------------------------|------------------------------|
| <b>Part Number:</b><br>D2939-2       | <b>Rev:</b><br>C                | <b>- Page 1 -</b>            |
| <b>Description:</b><br>SADDLE INSIDE | <b>Inspection Dwg:</b><br>D2939 | <b>Work Order:</b><br>135679 |

| Item Ref. | Nominal | Tolerance       | No. Piece_1<br>Actual | No. Piece_2<br>Actual | No. Piece_3<br>Actual | No. Piece_4<br>Actual |  |
|-----------|---------|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 1         | 0.3120  | +0.0050/0.0000  | 0.3122                | 0.3125                | 0.3123                | 0.3120                |  |
| 2         | 0.5000  | +0.0050/-0.0050 | 0.4977                | 0.4980                | 0.4992                | 0.5007                |  |
| 3         | 1.2500  | +0.0050/-0.0050 | 1.2510                | 1.2506                | 1.2505                | 1.2507                |  |
| 4         | 2.5000  | +0.0050/-0.0050 | 2.4991                | 2.5002                | 2.5004                | 2.5000                |  |
| 5         | 1.2500  | +0.0050/-0.0050 | 1.2497                | 1.2491                | 1.2490                | 1.2489                |  |
| 6         | 6.0000  | +0.0100/-0.0100 | 5.9989                | 5.9993                | 5.9994                | 5.9996                |  |
| D7        | 0.050   | +0.010/-0.010   | 0.040                 | 0.040                 | 0.040                 | 0.040                 |  |
| D8        | 0.050   | +0.010/-0.010   | 0.046                 | 0.045                 | 0.047                 | 0.044                 |  |
| 9         | 1.4520  | +0.0150/-0.0150 | 1.4526                | 1.4520                | 1.4537                | 1.4530                |  |
| 10        | 0.2200  | +0.0100/-0.0100 | 0.2250                | 0.2239                | 0.2259                | 0.2249                |  |
| D11       | 0.140   | +0.040/-0.040   | 0.130                 | 0.130                 | 0.130                 | 0.130                 |  |
| D12       | 0.120   | +0.020/-0.020   | 0.125                 | 0.125                 | 0.127                 | 0.124                 |  |
| 13        | 1.2600  | +0.0100/-0.0100 | 1.2578                | 1.2580                | 1.2580                | 1.2579                |  |
| 14        | 0.0630  | +0.0100/-0.0100 | 0.0581                | 0.0606                | 0.0572                | 0.0584                |  |
| 15        | 0.1200  | +0.0100/-0.0100 | 0.1209                | 0.1194                | 0.1222                | 0.1203                |  |
| D16       | 0.120   | +0.020/-0.020   | 0.123                 | 0.125                 | 0.124                 | 0.125                 |  |
| D17       | 2.740   | +0.020/-0.020   | 2.740                 | 2.740                 | 2.740                 | 2.740                 |  |
| D18       | 0.625   | +0.010/-0.010   | 0.635                 | 0.635                 | 0.635                 | 0.635                 |  |
| D19       | 0.255   | +0.015/-0.015   | 0.249                 | 0.253                 | 0.250                 | 0.251                 |  |
| 20        | 0.3160  | +0.0050/0.0000  | 0.3160                | 0.3160                | 0.3160                | 0.3160                |  |
| 21        | 3.7200  | +0.0050/-0.0050 | 3.7190                | 3.7181                | 3.7181                | 3.7186                |  |
| 22        | 0.5500  | +0.0100/-0.0100 | 0.5519                | 0.5527                | 0.5524                | 0.5518                |  |
| 23        | 0.6000  | +0.0100/-0.0100 | 0.5998                | 0.5982                | 0.6008                | 0.6002                |  |
| 24        | 1.5770  | +0.0050/-0.0050 | 1.5777                | 1.5777                | 1.5774                | 1.5778                |  |
| 25        | 0.2570  | +0.0050/0.0000  | 0.2574                | 0.2572                | 0.2572                | 0.2574                |  |
| 26        | 2.5000  | +0.0050/-0.0050 | 2.5006                | 2.4996                | 2.5003                | 2.5009                |  |
| 27        | 1.6300  | +0.0050/-0.0050 | 1.6299                | 1.6297                | 1.6298                | 1.6301                |  |
| 28        | 20.3000 | +0.5000/-0.5000 | 20.2602               | 20.2399               | 20.2428               | 20.2397               |  |
| 29        | 0.9510  | +0.0100/-0.0100 | 0.9510                | 0.9514                | 0.9500                | 0.9523                |  |
| 30        | 2.8500  | +0.0100/-0.0100 | 2.8505                | 2.8512                | 2.8513                | 2.8516                |  |
| 31        | 2.6810  | +0.0100/-0.0100 | 2.6736                | 2.6764                | 2.6736                | 2.6729                |  |

**Measured by:**  
Mathieu Lamarche

**Date:**  
2015-9-21

**Audited by:**

JFC

**Date:**  
2015-9-21



|                                      |                                 |                              |
|--------------------------------------|---------------------------------|------------------------------|
| <b>Part Number:</b><br>D2939-2       | <b>Rev:</b><br>C                | - Page 2 -                   |
| <b>Description:</b><br>SADDLE INSIDE | <b>Inspection Dwg:</b><br>D2939 | <b>Work Order:</b><br>135679 |

| Item Ref. | Nominal | Tolerance       | No. Piece_1<br>Actual | No. Piece_2<br>Actual | No. Piece_3<br>Actual | No. Piece_4<br>Actual |  |
|-----------|---------|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| 32        | 83.6000 | +0.5000/-0.5000 | 83.5592               | 83.5627               | 83.5632               | 83.5655               |  |
| 33        | 0.8640  | +0.0100/-0.0100 | 0.8652                | 0.8648                | 0.8660                | 0.8643                |  |
| 34        | 1.3580  | +0.0050/-0.0050 | 1.3580                | 1.3583                | 1.3588                | 1.3580                |  |
| 35        | 5.2000  | +0.5000/-0.5000 | 5.2318                | 5.1724                | 5.1749                | 5.1725                |  |
| 36        | 1.3670  | +0.0050/-0.0050 | 1.3680                | 1.3674                | 1.3672                | 1.3677                |  |
| D37       | 0.188   | +0.010/-0.010   | 0.188                 | 0.188                 | 0.188                 | 0.188                 |  |
| 38        | 1.5750  | +0.0100/-0.0100 | 1.5683                | 1.5708                | 1.5683                | 1.5677                |  |
| D39       | 0.120   | +0.020/-0.020   | 0.122                 | 0.122                 | 0.122                 | 0.121                 |  |
| D40       | 1.000   | +0.010/-0.010   | 1.006                 | 1.006                 | 1.005                 | 1.006                 |  |
| 41        | 0.5000  | +0.0100/-0.0100 | 0.4995                | 0.4990                | 0.4993                | 0.4997                |  |
| 42        | 0.1150  | +0.0100/-0.0100 | 0.1149                | 0.1157                | 0.1145                | 0.1138                |  |
| D43       | 0.235   | +0.005/0.000    | 0.239                 | 0.239                 | 0.238                 | 0.238                 |  |
| 44        | 1.6050  | +0.0050/0.0000  | 1.6050                | 1.6069                | 1.6050                | 1.6052                |  |
| Ang45     | 48.000  | +0.500/-0.500   | 47.972                | 47.952                | 47.950                | 47.931                |  |
| D46       | 0.510   | +0.005/0.000    | 0.512                 | 0.512                 | 0.513                 | 0.514                 |  |
| 47        | 0.0630  | +0.0100/-0.0100 | 0.0581                | 0.0606                | 0.0572                | 0.0584                |  |

**Measured by:**  
Mathieu Lamarche

**Date:**  
2015-9-21

**Audited by:**

Jfc

**Date:**  
2015-9-21